

FROM
SERVITUDE
TO
SERVICE
WORK

Historical Continuities
in the Racial Division
of Paid Reproductive Labor

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LES PÉTROLEUSES WERE THE SEX WORKERS, WITCHES, AND LADY-PROLES OF
THE PARIS COMMUNE WHOSE 'LOVE OF RIOT' BURNT PARIS TO THE GROUND.

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Recent scholarship on African American, Latina, Asian American, and Native American women reveals the complex interaction of race and gender oppression in their lives. These studies expose the inadequacy of additive models that treat gender and race as separate and discrete systems of hierarchy (Collins 1986; King 1988; Brown 1989). In an additive model, white women are viewed solely in terms of gender, while women of color are thought to be "doubly" subordinated by the cumulative effects of gender plus race. Yet achieving a more adequate framework, one that captures the interlocking, interactive nature of these systems, has been extraordinarily difficult. Historically, race and gender have developed as separate topics of inquiry, each with its own literature and concepts. Thus features of social life considered central in understanding one system have been overlooked in analyses of the other.

One domain that has been explored extensively in analyses of gender but ignored in studies of race is social reproduction. The term *social reproduction* is used by feminist scholars to refer to the array of activities and relationships involved in maintaining people both on a daily basis and intergenerationally. Reproductive labor includes activities such as purchasing household goods, preparing and serving food, laundering and repairing clothing, maintaining furnishings and appliances, socializing children, providing care and emotional support for adults, and maintaining kin and community ties.

Marxist feminists place the gendered construction of reproductive labor at the center of women's oppression. They point out that this labor is performed disproportionately by women and is essential to the industrial economy. Yet because it takes place mostly outside the market, it is invisible, not recognized as real work. Men benefit directly and indirectly from this arrangement—directly in that they contribute less labor in the home while enjoying the services women provide as wives and mothers and indirectly in that, freed of domestic labor, they can concentrate their efforts in paid employment and attain primacy in that area. Thus the sexual division of reproductive labor in the home interacts with and reinforces sexual division in the labor market.¹ These analyses draw attention to

¹ For various formulations, see Benston (1969), Secombe (1974), Barrett (1980), Fox (1980), and Sokoloff (1980).

the dialectics of production and reproduction and male privilege in both realms. When they represent gender as the sole basis for assigning reproductive labor, however, they imply that all women have the same relationship to it and that it is therefore a universal female experience.²

In the meantime, theories of racial hierarchy do not include any analysis of reproductive labor. Perhaps because, consciously or unconsciously, they are male centered, they focus exclusively on the paid labor market and especially on male-dominated areas of production.³ In the 1970s several writers seeking to explain the historic subordination of peoples of color pointed to dualism in the labor market—its division into distinct markets for white workers and for racial-ethnic workers—as a major vehicle for maintaining white domination (Blauner 1972; Barrera 1979).⁴ According to these formulations, the labor system has been organized to ensure that racial-ethnic workers are relegated to a lower tier of low-wage, dead-end, marginal jobs; institutional barriers, including restrictions on legal and political rights, prevent their moving out of that tier and competing with Euro-American workers for better jobs. These theories draw attention to the material advantages whites gain from the racial division of labor. However, they either take for granted or ignore women's unpaid household labor and fail to consider whether this work might also be “racially divided.”

In short, the racial division of reproductive labor has been a missing piece of the picture in both literatures. This piece, I would contend, is key to the distinct exploitation of women of color and is a source of both hierarchy and interdependence among white women and women of color. It is thus essential to the development of an integrated model of race and gender, one that treats them as interlocking, rather than additive, systems.

In this article I present a historical analysis of the simultaneous race and gender construction of reproductive labor in the United States, based on comparative study of women's work in the South, the Southwest, and the Far West. I argue that reproductive labor has divided along racial as well as gender lines and that

2 Recently, white feminists have begun to pay attention to scholarship by and about racial-ethnic women and to recognize racial stratification in the labor market and other public arenas. My point here is that they still assume that women's relationship to domestic labor is universal; thus they have not been concerned with explicating differences across race, ethnic, and class groups in women's relationship to that labor.

3 See, e.g., Reisler (1976), which, despite its title, is exclusively about male Mexican labor.

4 I use the term *racial-ethnic* to refer collectively to groups that have been socially constructed and constituted as racially as well as culturally distinct from European Americans and placed in separate legal statuses from “free whites” (c.f. Omi and Winant 1986). Historically, African Americans, Latinos, Asian Americans, and Native Americans were so constructed. Similarly, I have capitalized the word *Black* throughout this article to signify the racial-ethnic construction of that category.

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the specific characteristics of the division have varied regionally and changed over time as capitalism has reorganized reproductive labor, shifting parts of it from the household to the market. In the first half of the century racial-ethnic women were employed as servants to perform reproductive labor in white households, relieving white middle-class women of onerous aspects of that work; in the second half of the century, with the expansion of commodified services (services turned into commercial products or activities), racial-ethnic women are disproportionately employed as service workers in institutional settings to carry out lower-level "public" reproductive labor, while cleaner white collar supervisory and lower professional positions are filled by white women.

I will examine the ways race and gender were constructed around the division of labor by sketching changes in the organization of reproductive labor since the early nineteenth century, presenting a case study of domestic service among African American women in the South, Mexican American women in the Southwest, and Japanese American women in California and Hawaii, and finally examining the shift to institutional service work, focusing on race and gender stratification in health care and the racial division of labor within the nursing labor force. Race and gender emerge as socially constructed, interlocking systems that shape the material conditions, identities, and consciousnesses of all women.

Historical changes in the organization of reproduction

The concept of reproductive labor originated in Karl Marx's remark that every system of production involves both the production of the necessities of life and the reproduction of the tools and labor power necessary for production (Marx and Engels 1969, 31). Recent elaborations of the concept grow out of Engels's dictum that the "determining force in history is, in the last resort, the production and reproduction of immediate life." This has, he noted, "a two-fold character, on the one hand the production of subsistence and on the other the production of human beings themselves" (Engels 1972, 71). Although often equated with domestic labor or defined narrowly as referring to the renewal of labor power, the term *social reproduction* has come to be more broadly conceived, particularly by social historians, to refer to the creation and recreation of people as cultural and social, as well as physical, beings (Ryan 1981, 15). Thus, it involves mental, emotional, and manual labor (Brenner and Laslett 1986, 117). This labor can be organized in myriad ways—in and out of the household, as paid or unpaid work, creating exchange value or only use value—and these ways are not mutually exclusive. An example is the preparation of food, which can be done by a family member as unwaged work in the household, by a servant as waged work in the household, or by a short-order cook in a fast-food restaurant as waged work that generates profit for the employer. These forms exist contemporaneously.

Prior to industrialization, however, both production and reproduction were organized almost exclusively at the household level. Women were responsible for most of what might be designated as reproduction, but they were simultaneously engaged in the production of foodstuffs, clothing, shoes, candles, soap, and other goods consumed by the household. With industrialization, production of these basic goods gradually was taken over by capitalist industry. Reproduction, however, remained largely the responsibility of individual households. The ideological separation between men's "productive" labor and women's non-market-based activity that had evolved at the end of the eighteenth century was elaborated in the early decades of the nineteenth. An idealized division of labor arose in which men's work was to follow production outside the home, while women's work was to remain centered in the household (Boydston 1990, esp. 46-48). Household work continued to include the production of many goods consumed by members (Smuts 1959, 11-13; Kessler-Harris 1981), but as an expanding range of outside-manufactured goods became available, household work became increasingly focused on reproduction.⁵ This idealized division of labor was largely illusory for working-class households, including immigrant and racial-ethnic families, in which men seldom earned a family wage; in these households women and children were forced into income-earning activities in and out of the home (Kessler-Harris 1982).

In the second half of the twentieth century, with goods production almost completely incorporated into the market, reproduction has become the next major target for commodification. Aside from the tendency of capital to expand into new areas for profit making, the very conditions of life brought about by large-scale commodity production have increased the need for commercial services. As household members spend more of their waking hours employed outside the home, they have less time and inclination to provide for one another's social and emotional needs. With the growth of a more geographically mobile and urbanized society, individuals and households have become increasingly cut off from larger kinship circles, neighbors, and traditional communities. Thus, as Harry Braverman notes, "The population no longer relies upon social organization in the form of family, friends, neighbors, community, elders, children, but with few exceptions must go to the market and only to the market, not only for food, clothing, and shelter, but also for recreation, amusement, security, for the care of the young, the old, the sick, the handicapped. In time not only the material and service needs but even the emotional patterns of life are channeled through the market" (Braverman 1974, 276). Conditions of capitalist urbanism also have

⁵ Capitalism, however, changed the nature of reproductive labor, which became more and more devoted to consumption activities, i.e., using wages to acquire necessities in the market and then processing these commodities to make them usable (see Weinbaum and Bridges 1976; and Luxton 1980).

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enlarged the population of those requiring daily care and support: elderly and very young people, mentally and physically disabled people, criminals, and other people incapable of fending for themselves. Because the care of such dependents becomes difficult for the "stripped-down" nuclear family or the atomized community to bear, more of it becomes relegated to institutions outside the family.⁶

The final phase in this process is what Braverman calls the "product cycle," which "invents new products and services, some of which become indispensable as the conditions of modern life change and destroy alternatives" (Braverman 1974, 281). In many areas (e.g., health care), we no longer have choices outside the market. New services and products also alter the definition of an acceptable standard of living. Dependence on the market is further reinforced by what happened earlier with goods production, namely, an "atrophy of competence," so that individuals no longer know how to do what they formerly did for themselves.

As a result of these tendencies, an increasing range of services has been removed wholly or partially from the household and converted into paid services yielding profits. Today, activities such as preparing and serving food (in restaurants and fast-food establishments), caring for handicapped and elderly people (in nursing homes), caring for children (in child-care centers), and providing emotional support, amusement, and companionship (in counseling offices, recreation centers, and health clubs) have become part of the cash nexus. In addition, whether impelled by a need to maintain social control or in response to pressure exerted by worker and community organizations, the state has stepped in to assume minimal responsibility for some reproductive tasks, such as child protection and welfare programs.⁷ Whether supplied by corporations or the state, these services are labor-intensive. Thus, a large army of low-wage workers, mostly women and disproportionately women of color, must be recruited to supply the labor.

Still, despite vastly expanded commodification and institutionalization, much reproduction remains organized at the household level. Sometimes an activity is too labor-intensive to be very profitable. Sometimes households or individuals in them have resisted commodification. The limited commodification of child care, for example, involves both elements. The extent of commercialization in different areas of life is uneven, and the variation in its extent is the outcome of politi-

⁶ This is not to deny that family members, especially women, still provide the bulk of care of dependents, but to point out that there has been a marked increase in institutionalized care in the second half of the twentieth century.

⁷ For a discussion of varying views on the relative importance of control versus agency in shaping state welfare policy, see Gordon (1990). Piven and Cloward note that programs have been created only when poor people have mobilized and are intended to defuse pressure for more radical change (1971, 66). In their (Piven and Cloward 1979), they document the role of working-class struggles to win concessions from the state. For a feminist social control perspective, see Abramovitz (1988).

cal and economic struggles (Brenner and Laslett 1986, 121; Laslett and Brenner 1989, 384). What is consistent across forms, whether commodified or not, is that reproductive labor is constructed as “female.” The gendered organization of reproduction is widely recognized. Less obvious, but equally characteristic, is its racial construction: historically, racial-ethnic women have been assigned a distinct place in the organization of reproductive labor.

Elsewhere I have talked about the reproductive labor racial-ethnic women have carried out for their own families; this labor was intensified as the women struggled to maintain family life and indigenous cultures in the face of cultural assaults, ghettoization, and a labor system that relegated men and women to low-wage, seasonal, and hazardous employment (Glenn 1985; 1986, 86-108; Dill 1988). Here I want to talk about two forms of waged reproductive work that racial-ethnic women have performed disproportionately: domestic service in private households and institutional service work.

Domestic service as the racial division of reproductive labor

Both the demand for household help and the number of women employed as servants expanded rapidly in the latter half of the nineteenth century (Chaplin 1978). This expansion paralleled the rise of industrial capital and the elaboration of middle-class women’s reproductive responsibilities. Rising standards of cleanliness, larger and more ornately furnished homes, the sentimentalization of the home as a “haven in a heartless world” (Lasch 1977), and the new emphasis on childhood and the mother’s role in nurturing children all served to enlarge middle-class women’s responsibilities for reproduction at a time when technology had done little to reduce the sheer physical drudgery of housework.⁸

By all accounts middle-class women did not challenge the gender-based division of labor or the enlargement of their reproductive responsibilities. Indeed, middle-class women—as readers and writers of literature; as members and leaders of clubs, charitable organizations, associations, reform movements, and religious revivals; and as supporters of the cause of abolition—helped to elaborate the domestic code (Brenner and Laslett 1986).⁹ Feminists seeking an expanded public role for women argued that the same nurturant and moral qualities that made women centers of the home should be brought to bear in public service. In the domestic sphere, instead of questioning the inequitable gender division of labor, they sought to slough off the more burdensome tasks onto more oppressed groups of women.¹⁰

8 These developments are discussed in Degler (1980), Strasser (1982), Cowan (1983), and Dudden (1983, esp. 240-42).

9 See also Blair (1980); Epstein (1981); Ryan (1981); Dudden (1983); and Brenner and Laslett (1986).

10 See, e.g., Kaplan (1987).

A second example of an issue that at first blush appears to bridge race and ethnic lines is the continuing earnings disparity between men and women. Because occupational segregation, the concentration of women in low-paying, female-dominated occupations, stands as the major obstacle to wage equity, some feminist policymakers have embraced the concept of comparable worth (Hartmann 1985; Acker 1989). This strategy calls for equalizing pay for “male” and “female” jobs requiring similar levels of skill and responsibility, even if differing in content. Comparable worth accepts the validity of a job hierarchy and differential pay based on “real” differences in skills and responsibility. Thus, for example, it attacks the differential between nurses and pharmacists but leaves intact the differential between nurses and nurse’s aides. Yet the division between “skilled” and “unskilled” jobs is exactly where the racial division typically falls. To address the problems of women of color service workers would require a fundamental attack on the concept of a hierarchy of worth; it would call for flattening the wage differentials between highest- and lowest-paid ranks. A claim would have to be made for the right of all workers to a living wage, regardless of skill or responsibility.

These examples suggest that forging a political agenda that addresses the universal needs of women is highly problematic not just because women’s priorities differ but because gains for some groups may require a corresponding loss of advantage and privilege for others. As the history of the racial division of reproductive labor reveals, conflict and contestation among women over definitions of womanhood, over work, and over the conditions of family life are part of our legacy as well as the current reality. This does not mean we give up the goal of concerted struggle. It means we give up trying falsely to harmonize women’s interests. Appreciating the ways race and gender division of labor creates both hierarchy and interdependence may be a better way to reach an understanding of the interconnectedness of women’s lives.

Seeing race and gender as interlocking systems, however, alerts us to sources of inertia and resistance to change. The discussion of how the racial division of labor reinforced the gender division of labor makes clear that tackling gender hierarchy requires simultaneously addressing race hierarchy. As long as the gender division of labor remains intact, it will be in the short-term interest of white women to support or at least overlook the racial division of labor because it ensures that the very worst labor is performed by someone else. Yet, as long as white women support the racial division of labor, they will have less impetus to struggle to change the gender division of labor. This quandary is apparent in cities such as Los Angeles, which have witnessed a large influx of immigrant women fleeing violence and poverty in Latin America, Southeast Asia, and the Caribbean. These women form a large reserve army of low-wage labor for both domestic service and institutional service work. Anglo women who ordinarily would not be able to afford servants are employing illegal immigrants as maids at below-minimum wages (McConoway 1987). Not only does this practice diffuse pressure for a more equitable sharing of household work but it also recreates race and gender ideologies that justify the subordination of women of color. Having a Latino or Black maid picking up and cleaning after them teaches Anglo children that some people exist primarily to do work that Anglos do not want to do for themselves.

Acknowledging the relational nature of race and gender and therefore the interdependence between groups means that we recognize conflicting interests among women. Two examples illustrate the divergence. With the move into the labor force of all races and classes of women, it is tempting to think that we can find unity around the common problems of “working women.” With that in mind, feminist policymakers have called for expanding services to assist employed mothers in such areas as child care and elderly care. We need to ask, Who is going to do the work? Who will benefit from increased services? The historical record suggests that it will be women of color, many of them new immigrants, who will do the work and that it will be middle-class women who will receive the services. Not so coincidentally, public officials seeking to reduce welfare costs are promulgating regulations requiring women on public assistance to work. The needs of employed middle-class women and women on welfare might thus be thought to coincide: the needs of the former for services might be met by employing the latter to provide the services. The divergence in interest becomes apparent, however, when we consider that employment in service jobs at current wage levels guarantees that their occupants will remain poor. However, raising their wages so that they can actually support themselves and their children at a decent level would mean many middle-class women could not afford these services.

Phyllis Palmer observes that at least through the first half of the twentieth century, “most white middle class women could hire another woman—a recent immigrant, a working class woman, a woman of color,

or all three—to perform much of the hard labor of household tasks” (Palmer 1987, 182-83). Domestic workers were employed to clean house, launder and iron clothes, scrub floors, and care for infants and children. They relieved their mistresses of the heavier and dirtier domestic chores.¹¹ White middle-class women were thereby freed for supervisory tasks and for cultural, leisure, and volunteer activity or, more rarely during this period, for a career.¹²

Palmer suggests that the use of domestic servants also helped resolve certain contradictions created by the domestic code. She notes that the early twentieth-century housewife confronted inconsistent expectations of middleclass womanhood: domesticity and “feminine virtue.” Domesticity—defined as creating a warm, clean, and attractive home for husband and children—required hard physical labor and meant contending with dirt. The virtuous woman, however, was defined in terms of spirituality, refinement, and the denial of the physical body. Additionally, in the 1920s and 1930s there emerged a new ideal of the modern wife as an intelligent and attractive companion. If the heavy parts of household work could be transferred to paid help, the middle-class housewife could fulfill her domestic duties, yet distance herself from the physical labor and dirt and also have time for personal development (Palmer 1990, 127-51).

Who was to perform the “dirty work” varied by region. In the Northeast, European immigrant women, particularly those who were Irish and German, constituted the majority of domestic servants from the mid-nineteenth century to World War I (Katzman 1978, 65-70). In regions where there was a large concentration of people of color, subordinate-race women formed a more or less permanent servant stratum. Despite differences in the composition of the populations and the mix of industries in the regions, there were important similarities in the situation of Mexicans in the Southwest, African Americans in the South, and Japanese people in northern California and Hawaii. Each of these groups was placed in a separate legal category from whites, excluded from rights and protections accorded full citizens. This severely limited their ability to organize, compete for

11 Phyllis Palmer, in her found evidence that mistresses and servants agreed on what were the least desirable tasks—washing clothes, washing dishes, and taking care of children on evenings and weekends—and that domestics were more likely to perform the least desirable tasks (1990, 70).

12 It may be worth mentioning the importance of unpaid cultural and charitable activities in perpetuating middle-class privilege and power. Middle-class reformers often aimed to mold the poor in ways that mirrored middle-class values but without actually altering their subordinate position. See, e.g., Sanchez (1990) for discussion of efforts of Anglo reformers to train Chicanas in domestic skills.

jobs, and acquire capital (Glenn 1985). The racial division of private reproductive work mirrored this racial dualism in the legal, political, and economic systems.

In the South, African American women constituted the main and almost exclusive servant caste. Except in times of extreme economic crisis, whites and Blacks did not compete for domestic jobs. Until the First World War 90 percent of all nonagriculturally employed Black women in the South were employed as domestics. Even at the national level, servants and laundresses accounted for close to half (48.4 percent) of non-agriculturally employed Black women in 1930.¹³

In the Southwest, especially in the states with the highest proportions of Mexicans in the population—Texas, Colorado, and New Mexico—Chicanas were disproportionately concentrated in domestic service.¹⁴ In El Paso nearly half of all Chicanas in the labor market were employed as servants or laundresses in the early decades of the century (Garcia 1981, 76). In Denver, according to Sarah Deutsch, perhaps half of all households had at least one female member employed as a domestic at some time, and if a woman became a widow, she was almost certain to take in laundry (Deutsch 1987a, 147). Nationally, 39.1 percent of nonagriculturally employed Chicanas were servants or laundresses in 1930.¹⁵

In the Far West—especially in California and Hawaii, with their large populations of Asian immigrants—an unfavorable sex ratio made female labor scarce in the late nineteenth and early twentieth centuries. In contrast to the rest of the nation, the majority of domestic servants in California and Hawaii were men: in California until 1880 (Katzman 1978, 55) and in Hawaii as late as 1920 (Lind 1951, table 1). The men were Asian-Chinese and later Japanese. Chinese houseboys and cooks were familiar figures in late nineteenth-century San Francisco; so too were Japanese male retainers in early twentieth-century Honolulu. After 1907 Japanese women began to immigrate in substantial numbers, and they inherited the mantle of service in both California and Hawaii. In the pre-World War II years, close to half of all immigrant and native-born Japanese American women in the San Francisco Bay area and in Honolulu were employed as servants or laundresses (U.S. Bureau of the Census 1932, table 8; Glenn 1986, 76-79). Nationally, excluding Hawaii, 25.4 percent of nonagricultural Japanese American women workers were listed as servants in 1930.¹⁶

13 U.S. Bureau of the Census 1933, chap. 3, "Color and Nativity of Gainful Workers," tables 2, 4, 6. For discussion of the concentration of African American women in domestic service, see Glenn (1985).

14 I use the terms and to refer to both native-born and immigrant Mexican people/women in the United States.

15 U.S. Bureau of the Census 1933.

16 Ibid.

of one group on the other for its standard of living is not apparent. Nonetheless, interdependence exists, even if white women do not come into actual contact with women of color.⁴⁵

The notion of relationality also recognizes that white and racial-ethnic women have different standpoints by virtue of their divergent positions. This is an important corrective to feminist theories of gendered thought that posit universal female modes of thinking growing out of common experiences such as domesticity and motherhood. When they portray reproductive labor only as gendered, they assume there is only one standpoint—that of white women. Hence, the activities and experiences of middle-class women become generic "female" experiences and activities, and those of other groups become variant, deviant, or specialized.

In line with recent works on African American, Asian American, and Latina feminist thought, we see that taking the standpoint of women of color gives us a different and more critical perspective on race and gender systems (Garcia 1989; Anzaldúa 1990; Collins 1990.) Domestic workers in particular—because they directly confront the contradictions in their lives and those of their mistresses—develop an acute consciousness of the interlocking nature of race and gender oppression.

Perhaps a less obvious point is that understanding race and gender as relational systems also illuminates the lives of white American women. White womanhood has been constructed not in isolation but in relation to that of women of color. Therefore, race is integral to white women's gender identities. In addition, seeing variation in racial division of labor across time in different regions gives us a more variegated picture of white middle-class womanhood. White women's lives have been lived in many circumstances; their "gender" has been constructed in relation to varying others, not just to Black women. Conceptualizing white womanhood as monolithically defined in opposition to men or to Black women ignores complexity and variation in the experiences of white women.

Implications for feminist politics

Understanding race and gender as relational, interlocking, socially constructed systems affects how we strategize for change. If race and gender are socially constructed rather than being "real" referents in the material world, then they can be deconstructed and challenged. Feminists have made considerable strides in deconstructing gender; we now need to focus on deconstructing gender and race simultaneously. An initial step in this process is to expose the structures that support the present division of labor and the constructions of race and gender around it.

45 Elsa Barkley Brown pointed this out to me in a personal communication.

figures, Phyllis Palmer suggests the dependent position of the middle-class housewife made a contrasting figure necessary. A dualistic conception of women as “good” and “bad,” long a part of western cultural tradition, provided ready-made categories for casting white and racial-ethnic women as oppositional figures (Davidoff 1979; Palmer 1990, 11, 137-39). The racial division of reproductive labor served to channel and recast these dualistic conceptions into racialized gender constructs. By providing them an acceptable self-image, racial constructs gave white housewives a stake in a system that ultimately oppressed them.

The racial division of labor similarly protects white male privilege in institutional settings. White men, after all, still dominate in professional and higher management positions where they benefit from the paid and unpaid services of women. And as in domestic service, conflict between men and women is redirected into clashes among women. This displacement is evident in health care organizations. Because physicians and administrators control the work of other health workers, we would expect the main conflict to be between doctors and nurses over work load, allocation of tasks, wages, and working conditions. The racial division of nursing labor allows some of the tension to be redirected so that friction arises between registered nurses and aides over work assignments and supervision.

In both household and institutional settings, white professional and managerial men are the group most insulated from dirty work and contact with those who do it. White women are frequently the mediators who have to negotiate between white male superiors and racial-ethnic subordinates. Thus race and gender dynamics are played out in a threeway relationship involving white men, white women, and women of color.

Beyond difference: Race and gender as relational constructs

Focusing on the racial division of reproductive labor also uncovers the relational nature of race and gender. By “relational” I mean that each is made up of categories (e.g., male/female, AngloloLatino) that are positioned, and therefore gain meaning, in relation to each other (Barrett 1987). Power, status, and privilege are axes along which categories are positioned. Thus, to represent race and gender as relationally constructed is to assert that the experiences of white women and women of color are not just different but connected in systematic ways.

The interdependence is easier to see in the domestic work setting because the two groups of women confront one another face-to-face. That the higher standard of living of one woman is made possible by, and also helps to perpetuate, the other’s lower standard of living is clearly evident. In institutional service work the relationship between those who do the dirty work and those who benefit from it is mediated and buffered by institutional structures, so the dependence

In areas where racial dualism prevailed, being served by members of the subordinate group was a prerequisite of membership in the dominant group. According to Elizabeth Rae Tyson, an Anglo woman who grew up in El Paso in the early years of the century, “almost every Anglo-American family had at least one, sometimes two or three servants: a maid and laundress, and perhaps a nursemaid or yardman. The maid came in after breakfast and cleaned up the breakfast dishes, and very likely last night’s supper dishes as well; did the routine cleaning, washing and ironing, and after the family dinner in the middle of the day, washed dishes again, and then went home to perform similar services in her own home” (Garcia 1980, 327). In southwest cities, Mexican American girls were trained at an early age to do domestic work and girls as young as nine or ten were hired to clean house.¹⁷

In Hawaii, where the major social division was between the haole (Caucasian) planter class and the largely Asian plantation worker class, haole residents were required to employ one or more Chinese or Japanese servants to demonstrate their status and their social distance from those less privileged. Andrew Lind notes that “the literature on Hawaii, especially during the second half of the nineteenth century, is full of references to the open-handed hospitality of Island residents, dispensed by the ever present maids and houseboys” (Lind 1951, 73). A public school teacher who arrived in Honolulu in 1925 was placed in a teacher’s cottage with four other mainland teachers. She discovered a maid had already been hired by the principal: “A maid! None of us had ever had a maid. We were all used to doing our own work. Furthermore, we were all in debt and did not feel that we wanted to spend even four dollars a month on a maid. Our principal was quite insistent. Everyone on the plantation had a maid. It was, therefore, the thing to do” (Lind 1951, 76).

In the South, virtually every middle-class housewife employed at least one African American woman to do cleaning and child care in her home. Southern household workers told one writer that in the old days, “if you worked for a family, your daughter was expected to, too” (Tucker 1988, 98). Daughters of Black domestics were sometimes inducted as children into service to baby-sit, wash diapers, and help clean (Clark-Lewis 1987, 200-201).¹⁸ White-skin privilege transcended class lines, and it was not uncommon for working-class whites to hire Black women for housework (Anderson and Bowman 1953). In the 1930s white women tobacco workers in Durham, North Carolina, could mitigate the effects of the “double day”—household labor on top of paid labor—by employing Black women to work in their homes for about one-third of their own wages (Janiewski

17 For personal accounts of Chicano children being inducted into domestic service, see (1987a) and interview of Josephine Turietta in Elsasser, MacKenzie, and Tixier y Vigil (1980, 28-35).

18 See also life history accounts of Black domestics, such as that of Bolden (1976) and of Anna Mae Dickson by Wendy Wattriss (Wattriss 1984).

1983, 93). Black women tobacco workers were too poorly paid to have this option and had to rely on the help of overworked husbands, older children, Black women too old to be employed, neighbors, or kin.

Where more than one group was available for service, a differentiated hierarchy of race, color, and culture emerged. White and racial-ethnic domestics were hired for different tasks. In her study of women workers in Atlanta, New Orleans, and San Antonio during the 1920s and 1930s, Julia Kirk Blackwelder reported that “anglo women in the employ of private households were nearly always reported as housekeepers, while Blacks and Chicanas were reported as laundresses, cooks or servants” (Blackwelder 1978, 349).¹⁹

In the Southwest, where Anglos considered Mexican or “Spanish” culture inferior, Anglos displayed considerable ambivalence about employing Mexicans for child care. Although a modern-day example, this statement by an EI Paso businessman illustrates the contradictions in Anglo attitudes. The man told an interviewer that he and his wife were putting off parenthood because “the major dilemma would be what to do with the child. We don’t really like the idea of leaving the baby at home with a maid ... for the simple reason if the maid is Mexican, the child may assume that the other person is its mother. Nothing wrong with Mexicans, they’d just assume that this other person is its mother. There have been all sorts of cases where the infants learned Spanish before they learned English. There’ve been incidents of the Mexican maid stealing the child and taking it over to Mexico and selling it” (Rufz 1987b, 71).

In border towns, the Mexican group was further stratified by English-speaking ability, place of nativity, and immigrant status, with non-English-speaking women residing south of the border occupying the lowest rung. In Laredo and EI Paso, Mexican American factory operatives often employed Mexican women who crossed the border daily or weekly to do domestic work for a fraction of a U.S. operative’s wages (Hield 1984, 95; Ruiz 1987a, 64).

The race and gender construction of domestic service

Despite their preference for European immigrant domestics, employers could not easily retain their services. Most European immigrant women left service upon marriage, and their daughters moved into the expanding manufacturing, clerical, and sales occupations during the 1910s and twenties.²⁰ With the flow of

¹⁹ Blackwelder also found that domestics themselves were attuned to the racial-ethnic hierarchy among them. When advertising for jobs, women who did not identify themselves as Black overwhelmingly requested “housekeeping” or “governess” positions, whereas Blacks advertised for “cooking,” “laundering,” or just plain “domestic work.”

²⁰ This is not to say that daughters of European immigrants experienced great social mobility and soon attained affluence. The nondomestic jobs they took were usually low paying and the conditions of work often deplorable. Nonetheless, white native-born and immigrant women clearly

this situation, more privileged women do not have to acknowledge the workers or to confront the contradiction between shared womanhood and inequality by race and class. Racial ideology is not necessary to explain or justify exploitation, not for lack of racism, but because the justification for inequality does not have to be elaborated in specifically racial terms: instead it can be cast in terms of differences in training, skill, or education.⁴⁴

Because they are socially constructed, race and gender systems are subject to contestation and struggle. Racial-ethnic women continually have challenged the devaluation of their womanhood. Domestics often did so covertly. They learned to dissemble, consciously “putting on an act” while inwardly rejecting their employers’ premises and maintaining a separate identity rooted in their families and communities. As noted earlier, institutional service workers can resist demeaning treatment more openly because they have the support of peers. Minority-race women hospital workers have been in the forefront of labor militancy, staging walkouts and strikes and organizing workplaces. In both domestic service and institutional service work, women have transcended the limitations of their work by focusing on longer-term goals, such as their children’s future.

Beyond additive models: Race and gender as interlocking systems

As the foregoing examples show, race and gender constructs are inextricably intertwined. Each develops in the context of the other; they cannot be separated. This is important because when we see reproductive labor only as gendered, we extract gender from its context, which includes other interacting systems of power. If we begin with gender separated out, then we have to put race and class back in when we consider women of color and working-class women. We thus end up with an additive model in which white women have only gender and women of color have gender plus race.

The interlock is evident in the case studies of domestic workers and nurse’s aides. In the traditional middle-class household, the availability of cheap female domestic labor buttressed white male privilege by perpetuating the concept of reproductive labor as women’s work, sustaining the illusion of a protected private sphere for women and displacing conflict away from husband and wife to struggles between housewife and domestic.

The racial division of labor also bolstered the gender division of labor indirectly by offering white women a slightly more privileged position in exchange for accepting domesticity. Expanding on Judith Rollins’s notion that white housewives gained an elevated self-identity by casting Black domestics as inferior contrast

⁴⁴ That is, the concentration of minority workers in lower-level jobs can be attributed to their lack of “human capital”—qualifications—needed for certain jobs.

We can study their appearance, variation, and modification over time. I have suggested that one vantage point for looking at their development in the United States is in the changing division of labor in local economies. A key site for the emergence of concepts of gendered and racialized labor has been in regions characterized by dual labor systems.

As subordinate-race women within dual labor systems, African American, Mexican American, and Japanese American women were drawn into domestic service by a combination of economic need, restricted opportunities, and educational and employment tracking mechanisms. Once they were in service, their association with “degraded” labor affirmed their supposed natural inferiority. Although ideologies of “race” and “racial difference” justifying the dual labor system already were in place, specific ideas about racial-ethnic womanhood were invented and enacted in everyday interactions between mistresses and workers. Thus ideologies of race and gender were created and verified in daily life (Fields 1982).

Two fundamental elements in the construction of racial-ethnic womanhood were the notion of inherent traits that suited the women for service and the denial of the women’s identities as wives and mothers in their own right. Employers accepted a cult of domesticity that purported to elevate the status of women as mothers and homemakers, yet they made demands on domestics that hampered them from carrying out these responsibilities in their own households. How could employers maintain such seemingly inconsistent orientations? Racial ideology was critical in resolving the contradiction: it explained why women of color were suited for degrading work. Racial characterizations effectively neutralized the racial-ethnic woman’s womanhood, allowing the mistress to be “unaware” of the domestic’s relationship to her own children and household. The exploitation of racial-ethnic women’s physical, emotional, and mental work for the benefit of white households thus could be rendered invisible in consciousness if not in reality.

With the shift of reproductive labor from household to market, face-to-face hierarchy has been replaced by structural hierarchy. In institutional settings, stratification is built into organizational structures, including lines of authority, job descriptions, rules, and spatial and temporal segregation. Distance between higher and lower orders is ensured by structural segregation. Indeed, much routine service work is organized to be out of sight: it takes place behind institutional walls where outsiders rarely penetrate (e.g., nursing homes, chronic care facilities), in back rooms (e.g., restaurant kitchens), or at night or other times when occupants are gone (e.g., in office buildings and hotels). Workers may appreciate this time and space segregation because it allows them some autonomy and freedom from demeaning interactions. It also makes them and their work invisible, however. In

immigration slowed to a trickle during World War I, there were few new recruits from Europe. In the 1920s, domestic service became increasingly the specialty of minority-race women (Palmer 1990, 12). Women of color were advantageous employees in one respect: they could be compelled more easily to remain in service. There is considerable evidence that middle-class whites acted to ensure the domestic labor supply by tracking racial-ethnic women into domestic service and blocking their entry into other fields. Urban school systems in the Southwest tracked Chicana students into homemaking courses designed to prepare them for domestic service. The El Paso school board established a segregated school system in the 1880s that remained in place for the next thirty years; education for Mexican children emphasized manual and domestic skills that would prepare them to work at an early age. In 1909 the Women’s Civic Improvement League, an Anglo organization, advocated domestic training for older Mexican girls. Their rationale is explained by Mario Garcia: “According to the league the house-girls for the entire city came from the Mexican settlement and if they could be taught housekeeping, cooking and sewing, every American family would benefit. The Mexican girls would likewise profit since their services would improve and hence be in greater demand” (Garcia 1981, 113).

The education of Chicanas in the Denver school system was similarly directed toward preparing students for domestic service and handicrafts. Sarah Deutsch found that Anglo women there persisted in viewing Chicanas and other “inferior-race” women as dependent, slovenly, and ignorant. Thus, they argued, training Mexican girls for domestic service not only would solve “one phase of women’s work we seem to be incapable of handling” but it would simultaneously help raise the (Mexican) community by improving women’s standard of living, elevating their morals, and facilitating Americanization (Deutsch 1987b, 736). One Anglo writer, in an article published in 1917 titled “Problems and Progress among Mexicans in Our Own Southwest,” claimed, “When trained there is no better servant than the gentle, quiet Mexicana girl” (Romero 1988a, 16).

In Hawaii, with its plantation economy, Japanese and Chinese women were coerced into service for their husbands’ or fathers’ employers. According to Lind, prior to World War II:

It has been a usual practice for a department head or a member of the managerial staff of the plantation to indicate to members of his work group that his household is in need of domestic help and to expect them to provide a wife or daughter to fill the need. Under the conditions which have prevailed in the past, the worker has felt obligated to make a member of his own family available for such service, if required, since his own position and advancement de-

preferred the relative freedom of industrial, office, or shop employment to the constraints of domestic service (see Katzman 1978, 71-72).

pend upon keeping the goodwill of his boss. Not infrequently, girls have been prevented from pursuing a high school or college education because someone on the supervisory staff has needed a servant and it has seemed inadvisable for the family to disregard the claim. [Lind 1951, 77]

Economic coercion also could take bureaucratic forms, especially for women in desperate straits. During the Depression, local officials of the federal Works Project Administration (WPA) and the National Youth Administration (NYA), programs set up by the Roosevelt administration to help the unemployed find work, tried to direct Chicanas and Blacks to domestic service jobs exclusively (Blackwelder 1984, 120-22; Deutsch 1987a, 182-83). In Colorado, local officials of the WPA and NYA advocated household training projects for Chicanas. George Bickel, assistant state director of the WPA for Colorado, wrote: "The average Spanish-American girl on the NY A program looks forward to little save a life devoted to motherhood often under the most miserable circumstances" (Deutsch 1987a, 183). Given such an outlook, it made sense to provide training in domestic skills.

Young Chicanas disliked domestic service so much that slots in the programs went begging. Older women, especially single mothers struggling to support their families, could not afford to refuse what was offered. The cruel dilemma that such women faced was poignantly expressed in one woman's letter to President Roosevelt:

My name is Lula Gordon. I am a Negro woman. I am on the relief. I have three children. I have no husband and no job. I have worked hard ever since I was old enough. I am willing to do any kind of work because I have to support myself and my children. I was under the impression that the government or the W.P.A. would give the Physical [*sic*] fit relief clients work. I have been praying for that time to come. A lady, Elizabeth Ramsie, almost in my condition, told me she was going to try to get some work. I went with her. We went to the Court House here in San Antonio, we talked to a Mrs. Beckmono Mrs. Beckmon told me to phone a Mrs. Coyle because she wanted some one to clean house and cook for (5) five dollars a week. Mrs. Beckmon said if I did not take the job in the Private home I would be cut off from everything all together. I told her I was afraid to accept the job in the private home because I have registered for a government job and when it opens up I want to take it. She said that she was taking people off of the relief and I have to take the job in the private home or none...I need work and I will do anything the government gives me to do...Will you please give me some work. [Blackwelder 1984, 68-69]

Japanese American women were similarly compelled to accept domestic service jobs when they left the internment camps in which they were imprisoned during

That these nurse's aides are performing reproductive labor on behalf of other women (and ultimately for the benefit of households, industry, and the state) becomes clear when one considers who would do it if paid workers did not. Indeed, we confront that situation frequently today, as hospitals reduce the length of patient stays to cut costs. Patients are released "quicker and sicker" (Sacks 1988, 165). This policy makes sense only if it is assumed that patients have someone to provide interim care, administer medication, prepare meals, and clean for them until they can care for themselves. If such a person exists, most likely it is a woman—a daughter, wife, mother, or sister. She may have to take time off from her job or quit. Her unpaid labor takes the place of the paid work of a nurse's aide or assistant and saves the hospital labor costs. Her labor is thereby appropriated to ensure profit (Glazer 1988). Thus, the situation of women as unpaid reproductive workers at home is inextricably bound to that of women as paid reproductive workers.

Conclusions and implications

This article began with the observation that the racial division of reproductive labor has been overlooked in the separate literatures on race and gender. The distinct exploitation of women of color and an important source of difference among women have thereby been ignored. How, though, does a historical analysis of the racial division of reproductive labor illuminate the lives of women of color and white women? What are its implications for concerted political action? In order to tackle these questions, we need to address a broader question, namely, how does the analysis advance our understanding of race and gender? Does it take us beyond the additive models I have criticized?

The social construction of race and gender

Tracing how race and gender have been fashioned in one area of women's work helps us understand them as socially constructed systems of relationships—including symbols, normative beliefs, and practices—organized around perceived differences. This understanding is an important counter to the universalizing tendencies in feminist thought. When feminists perceive reproductive labor only as gendered, they imply that domestic labor is identical for all women and that it therefore can be the basis of a common identity of womanhood. By not recognizing the different relationships women have had to such supposedly universal female experiences as motherhood and domesticity, they risk essentializing gender—treating it as static, fixed, eternal, and natural. They fail to take seriously a basic premise of feminist thought, that gender is a social construct.

If race and gender are socially constructed systems, then they must arise at specific moments in particular circumstances and change as these circumstances change.

a program in New York that allowed aides to be trained on the job to become LPNs.

While Roberts's experience working in a hospital was typical in the 1940s and 1950s, today the typical aide is employed in a nursing home, in a convalescent home, or in home health care. In these settings, aides are the primary caregivers.⁴¹ The demand for their services continues to grow as treatment increasingly shifts out of hospitals and into such settings. Thus, even though aides have lost ground to RNs in hospitals, which have reorganized nursing services to recreate RNs as generalists, aides are expected to remain among the fastest-growing occupations through the end of the century (Sekcenski 1981, 10-16).⁴²

Whatever the setting, aide work continues to be a specialty of race/ethnic women. The work is seen as unskilled and subordinate and thus appropriate to their qualifications and status. This point was brought home to Timothy Diamond during the training course he attended as the sole white male in a mostly Black female group of trainees: "We learned elementary biology and how we were never to do health care without first consulting someone in authority; and we learned not to ask questions but to do as we were told. As one of the students, a black woman from Jamaica used to joke, 'I can't figure out whether they're trying to teach us to be nurses' aides or black women'" (Diamond 1988,40).

What exactly is the nature of the reproductive labor that these largely minority and supposedly unskilled aides and assistants perform? They do most of the day-to-day, face-to-face work of caring for the ill and disabled: helping patients dress or change gowns, taking vital signs (temperature, blood pressure, pulse), assisting patients to shower or giving bed baths, emptying bedpans or assisting patients to toilet, changing sheets and keeping the area tidy, and feeding patients who cannot feed themselves. There is much "dirty" work, such as cleaning up incontinent patients. Yet there is another, unacknowledged, mental and emotional dimension to the work: listening to the reminiscences of elderly patients to help them hold on to their memory, comforting frightened patients about to undergo surgery, and providing the only human contact some patients get. This caring work is largely invisible, and the skills required to do it are not recognized as real skills.⁴³

41 For example, it has been estimated that 80 percent of all patient care in nursing homes is provided by nurse's aides (see Coleman 1989, 5). In 1988, 1,559,000 persons were employed as RNs, 423,000 as LPNs, 1,404,000 as nurse's aides, orderlies, and attendants, and 407,000 as health aides (U.S. Department of Labor 1989, table 22). Nurse's aides and home health care aides are expected to be the fastest-growing occupations through the 1990s, according to Silvestri and Lukaszewicz (1987, 59).

42 For a description of trends and projections to the year 2000, see Silvestri and Lukaszewicz (1987).

43 Feminists have pointed to the undervaluing of female-typed skills, especially those involved in "caring" work (see Rose 1986).

World War II. To leave the camps they had to have a job and a residence, and many women were forced to take positions as live-in servants in various parts of the country. When women from the San Francisco Bay area returned there after the camps were closed, agencies set up to assist the returnees directed them to domestic service jobs. Because they had lost their homes and possessions and had no savings, returnees had to take whatever jobs were offered them. Some became live-in servants to secure housing, which was in short supply after the war. In many cases domestic employment became a lifelong career (Glenn 1986).

In Hawaii the Japanese were not interned, but there nonetheless developed a "maid shortage" as war-related employment expanded. Accustomed to cheap and abundant household help, haole employers became increasingly agitated about being deprived of the services of their "mamasans." The suspicion that many able-bodied former maids were staying at home idle because their husbands or fathers had lucrative defense jobs was taken seriously enough to prompt an investigation by a university researcher.²¹

Housewives told their nisei maids it was the maids' patriotic duty to remain on the job. A student working as a live-in domestic during the war was dumbfounded by her mistress's response when she notified her she was leaving to take a room in the dormitory at the university. Her cultured and educated mistress, whom the student had heretofore admired, exclaimed with annoyance: "I think especially in war time, the University should close down the dormitory.' Although she didn't say it in words, I sensed the implication that she believed all the (Japanese) girls should be placed in different homes, making it easier for the haole woman."²² The student noted with some bitterness that although her employer told her that working as a maid was the way for her to do "your bit for the war effort," she and other haole women did not, in turn, consider giving up the "conveniences and luxuries of pre-war Hawaii" as their bit for the war.²³

The dominant group ideology in all these cases was that women of color—African American women, Chicanas, and Japanese American women—were particularly suited for service. These racial justifications ranged from the argument that Black and Mexican women were incapable of governing their own lives and thus were dependent on whites—making white employment of them an act of benevolence—to the argument that Asian servants were naturally quiet, subordinate, and accustomed to a lower standard of living. Whatever the specific content of

21 Document Ma 24, Romanzo Adams Social Research Laboratory papers. I used these records when they were lodged in the sociology department; they are currently being cataloged by the university archives and a finding aid is in process.

22 Ibid., document Ma 15, 5.

23 Ibid.

the racial characterizations, it defined the proper place of these groups as in service: they belonged there, just as it was the dominant group's place to be served.

David Katzman notes that “ethnic stereotyping was the stock in trade of all employers of servants, and it is difficult at times to figure out whether blacks and immigrants were held in contempt because they were servants or whether urban servants were denigrated because most of the servants were blacks and immigrants” (Katzman 1978, 221). Even though racial stereotypes undoubtedly preceded their entry into domestic work, it is also the case that domestics were forced to enact the role of the inferior. Judith Rollins and Mary Romero describe a variety of rituals that affirmed the subordination and dependence of the domestic; for example, employers addressed household workers by their first names and required them to enter by the back door, eat in the kitchen, and wear uniforms. Domestics understood they were not to initiate conversation but were to remain standing or visibly engaged in work whenever the employer was in the room. They also had to accept with gratitude “gifts” of discarded clothing and leftover food (Rollins 1985, chap. 5; Romero 1987).

For their part, racial-ethnic women were acutely aware that they were trapped in domestic service by racism and not by lack of skills or intelligence. In their study of Black life in prewar Chicago, St. Clair Drake and Horace Cayton found that education did not provide African Americans with an entree into white collar work. They noted, “Colored girls are often bitter in their comments about a society which condemns them to the ‘white folks’ kitchen” (Drake and Cayton 1962, 246). Thirty-five years later, Anna May Madison minced no words when she declared to anthropologist John Gwaltney: “Now, I don’t do nothing for white women or men that they couldn’t do for themselves. They don’t do anything I couldn’t learn to do every bit as well as they do it. But, you see, that goes right back to the life that you have to live. If that was the life I had been raised up in, I could be President or any other thing I got a chance to be” (Gwaltney 1980, 173).

Chicana domestics interviewed by Mary Romero in Colorado seemed at one level to accept the dominant culture’s evaluation of their capabilities. Several said their options were limited by lack of education and training. However, they also realized they were restricted just because they were Mexican. Sixty-eight-year-old Mrs. Portillo told Romero: “There was a lot of discrimination, and Spanish people got just regular housework or laundry work. There was so much discrimination that Spanish people couldn’t get jobs outside of washing dishes—things like that” (Romero 1988b, 86).

Similarly, many Japanese domestics reported that their choices were constrained because of language difficulties and lack of education, but they, too, recognized

NAs) undermined solidarity among groups that might otherwise have united around common interests.

Nursing aides: Consciousness of race and gender.

The hierarchy in health care has come to be justified less in terms of family symbolism and more in terms of bureaucratic efficiency. Within the new bureaucratic structures, race and gender ordering is inherent in the job definitions. The nurse’s aide job is defined as unskilled and menial; hence, the women who do it are, too. Nurse’s aides frequently confront a discrepancy, however, between how their jobs are defined (unskilled and subordinate) and what they actually are allowed or expected to do (exercise skill and judgment). Lillian Roberts’s experiences illustrate the disjunction. Assigned to the nursery, she was fortunate to work with a white southern RN who was willing to teach her. “I would ask her about all kinds of deformities that we would see in the nursery, the color of a baby, and why this was happening and why the other was happening. And then I explored with her using my own analysis of things. Sometimes I’d be right just in observing and putting some common sense into it. Before long, when the interns would come in to examine the babies, I could tell them what was wrong with every baby. I’d have them lined up for them” (Reverby 1979, 297-98).

The expertise Roberts developed through observation, questioning, and deduction was not recognized, however. Thirty years later Roberts still smarts from the injustice of not being allowed to sit in on the shift reports: “They never dignify you with that. Even though it would help you give better care. There were limitations on what I could do” (Reverby 1979, 298-99).

She had to assume a deferential manner when dealing with white medical students and personnel, even those who had much less experience than she had. Sometimes she would be left in charge of the nursery and “I’d get a whole mess of new students in there who didn’t know what to do. I would very diplomatically have to direct them, although they resented to hell that I was both black and a nurse’s aide. But I had to do it in such a way that they didn’t feel I was claiming to know more than they did” (Reverby 1979, 298). One of her biggest frustrations was not being allowed to get on-the-job training to advance. Roberts describes the “box” she was in: “I couldn’t have afforded to go to nursing school. I needed the income, and you can’t just quit a job and go to school. I was caught in a box, and the salary wasn’t big enough to save to go to school. And getting into the nursing schools was a real racist problem as well. So there was a combination of many things. And I used to say, ‘Why does this country have to go elsewhere and get people when people like myself want to do something?’” (Reverby 1979, 299). When she became a union organizer, her proudest accomplishment was to set up

created the licensed practical nurse, a position for a graduate of a one-year technical program, to perform routine housekeeping and patient care. With fewer discriminatory barriers and shorter training requirements, LPN positions were accessible to women of color who wanted to become nurses.

The lowest level of nursing workers, nurse's aides, also was defined in the 1930s, when the American Red Cross started offering ten-week courses to train aides for hospitals. This category expanded rapidly in the 1940s, doubling from 102,000 workers in 1940 to 212,000 in 1950 (Cannings and Lazonik 1975, 200-201). This occupation seems to have been designed deliberately to make use of African American labor in wake of labor shortages during and after World War II. A 1948 report on nursing told the story of how nurse's aides replaced the heretofore volunteer corps of ward attendants: "In response to this request for persons designated as nursing aides, the hospital discovered among the large Negro community a hitherto untapped reservoir of personnel, well above the ward attendant group in intelligence and personality" (Cannings and Lazonik 1975, 201).

One reason for their superiority can be deduced: they often were overqualified. Barred from entry into better occupations, capable, well educated Black women turned to nurse's aide work as an alternative to domestic service.

In the meantime RNs continued their struggle to achieve professional status by claiming exclusive rights over "skilled" nursing work. Some nurses, especially rank-and-file general duty nurses, called for an outright ban on employing untrained nurses. Many leaders of nursing organizations, however, favored accepting subsidiary workers to perform housekeeping and other routine chores so that graduate nurses would be free for more professional work. Hospital administrators assured RNs that aides would be paid less and assigned non-nursing functions and that only trained nurses would be allowed supervisory roles. One administrator claimed that aide trainees were told repeatedly that "they are not and will not be nurses" (Reverby 1987, 194).

In the end, the leaders of organized nursing accepted the formal stratification of nursing and turned their attention to circumscribing the education and duties of the lower grades to ensure their differentiation from "professional" nurses. Indeed, an RN arguing for the need to train and license practical nurses and laying out a model curriculum for LPNs warned: "Overtraining can be a serious danger. The practical nurse who has a course of over fifteen months (theory and practice) gets a false impression of her abilities and builds up the unwarranted belief that she can practice as a professional nurse" (Deming 1947, 26). Hospital administrators took advantage of race and class divisions and RNs' anxieties about their status to further their own agenda. Their strategy of co-opting part of the work force (RNs) and restricting the mobility and wages of another part (LPNs and

that color was decisive. Some nisei domestics had taken typing and business courses and some had college degrees, yet they had to settle for "school girl" jobs after completing their schooling. Mrs. Morita, who grew up in San Francisco and was graduated from high school in the 1930s, bluntly summarized her options: "In those days there was no two ways about it. If you were Japanese, you either worked in an art store ('oriental curios' shop) where they sell those little junks, or you worked as a domestic There was no Japanese girl working in an American firm" (Glenn 1986, 122).

Hanna Nelson, another of Gwaltney's informants, took the analysis one step further; she recognized the coercion that kept African American women in domestic service. She saw this arrangement as one that allowed white women to exploit Black women economically and emotionally and exposed Black women to sexual assaults by white men, often with white women's complicity. She says, "I am a woman sixty-one years old and I was born into this world with some talent. But I have done the work that my grandmother's mother did. It is not through any failing of mine that this is so. The whites took my mother's milk by force, and I have lived to hear a human creature of my sex try to force me by threat of hunger to give my milk to an able man. I have grown to womanhood in a world where the saner you are, the madder you are made to appear" (Gwaltney 1980, 7).

Race and gender consciousness

Hanna Nelson displays a consciousness of the politics of race and gender not found among white employers. Employers' and employees' fundamentally different positions within the division of reproductive labor gave them different interests and perspectives. Phyllis Palmer describes the problems the YWCA and other reform groups encountered when they attempted to establish voluntary standards and working hours for live-in domestics in the 1930s. White housewives invariably argued against any "rigid" limitation of hours; they insisted on provisions for emergencies that would override any hour limits. Housewives saw their own responsibilities as limitless, and apparently felt there was no justification for boundaries on domestics' responsibilities. They did not acknowledge the fundamental difference in their positions: they themselves gained status and privileges from their relationships with their husbands—relationships that depended on the performance of wifely duties. They expected domestics to devote long hours and hard work to help them succeed as wives, without, however, commensurate privileges and status. To challenge the inequitable gender division of labor was too difficult and threatening, so white housewives pushed the dilemma onto other women, holding them to the same high standards by which they themselves were imprisoned (Kaplan 1987; Palmer 1990).

Some domestic workers were highly conscious of their mistresses' subordination to their husbands and condemned their unwillingness to challenge their husbands' authority. Mabel Johns, a sixty-four-year-old widow, told Gwaltney:

I work for a woman who has a good husband; the devil is good to her, anyway. Now that woman could be a good person if she didn't think she could just do everything and have everything. In this world whatsoever you get you will pay for. Now she is a grown woman, but she won't know that simple thing. I don't think there's anything wrong with her mind, but she is greedy and she don't believe in admitting that she is greedy. Now you may say what you will-may [*sic*] about people being good to you, but there just ain' a living soul in this world that thinks more of you than you do of yourself She's a grown woman, but she have to keep accounts and her husband tells her whether or not he will let her do thus-and-so or buy this or that. [Gwaltney 1980, 167]

Black domestics are also conscious that a white woman's status comes from her relationship to a white man, that she gains privileges from the relationship that blinds her to her own oppression, and that she therefore willingly participates in and gains advantages from the oppression of racial-ethnic women. Nancy White puts the matter powerfully when she says,

My mother used to say that the black woman is the white man's mule and the white woman is his dog. Now, she said that to say this: we do the heavy work and get beat whether we do it well or not. But the white woman is closer to the master and he pats them on the head and lets them sleep in the house, but he ain' gon' treat neither one like he was dealing with a person. Now, if I was to tell a white woman that, the first thing she would do is to call you a nigger and then she'd be real nice to her husband so he would come out here and beat you for telling his wife the truth. [Gwaltney 1980, 148]

Rather than challenge the inequity in the relationship with their husbands, white women pushed the burden onto women with even less power. They could justify this only by denying the domestic worker's womanhood, by ignoring the employee's family ties and responsibilities. Susan Tucker found that southern white women talked about their servants with affection and expressed gratitude that they shared work with the servant that they would otherwise have to do alone. Yet the sense of commonality based on gender that the women expressed turned out to be one-way. Domestic workers knew that employers did not want to know much about their home situations (Kaplan 1987, 96; Tucker 1988). Mostly, the employers did not want domestics' personal needs to interfere with serving them. One domestic wrote that her employer berated her when she asked for a few hours off to pay her bills and take care of pressing business (Palmer 1990, 74). Of relations between white mistresses and Black domestics in the period from 1870 to 1920, Katzman says that in extreme cases "even the shared roles of mother-

a lower wage than a fully trained woman" (Hine 1989, 101). Even those white nursing leaders sympathetic to Black aspirations agreed that Black nurses should not be put in supervisory positions because white nurses would never submit to their authority.

Similar ideas about the proper place of "Orientals" in nursing were held by haole nursing leaders in pre-World War II Hawaii. White-run hospitals and clinics recruited haoles from the mainland, especially for senior nurse positions, rather than hiring or promoting locally trained Asian American nurses. This pattern was well known enough for a University of Hawaii researcher to ask a haole health administrator whether it was true that "oriental nurses do not reach the higher positions of the profession?" Mr. "c" confirmed this: "Well, there again it is a matter of qualification. There is a limit to the number of nurses we can produce here. For that reason we have to hire from the mainland. Local girls cannot compete with the experience of mainland haole girls. In order to induce haole nurses here we could not possibly put them under an oriental nurse because that would make them race conscious right at the start. And as I said before, Japanese don't make good executives.³⁸ Because of the racial caste system in Hawaii, Japanese American women who managed to get into nursing were not seen as qualified or competent to do professional work. The chairman of the Territorial Nurses Association noted that "before the war (started), our local nurses were looked down (upon) because they were mostly Japanese The Japanese nurses feel they can get along better with Mainland nurses than local haole nurses. That is true even outside of the profession. I remember hearing a Hawaiian born haole dentist say, 'I was never so shocked as when I saw a white man shine shoes when I first went to the Mainland.' Haoles here feel only orientals and other non-haoles should do menial work."³⁹

The systematic grading of nursing labor into three ranks was accomplished in the 1930s and forties as physician-controlled hospital administrations moved to establish "sound business" practices to contain costs and consolidate physician control of health care.⁴⁰ High-tech medical and diagnostic procedures provided an impetus for ever-greater specialization. Hospitals adopted Taylorist principles of "scientific management," separating planning and technical tasks from execution and manual labor. They began to hire thousands of subsidiary workers and

38 Document Nu21-I, p. 2, Romanzo Adams Research Laboratory papers, A1989-006, box 17, folder 1.

39 Document Nu10-I, p. 3, Romanzo Adams Research Laboratory papers, A1989-006, box 17, folder 4.

40 This was one outcome of the protracted and eventually successful struggle waged by physicians to gain control over all health care. For an account of how physicians established hospitals as the main site for medical treatment and gained authority over "subsidiary" health occupations, see Starr (1982). For accounts of nurses' struggle for autonomy and their incorporation into hospitals, see Reverby (1987) and also Wagner (1980).

Like the middle-class white housewives who accepted the domestic ideology, white nursing leaders rarely challenged the familial symbolism supporting the gender division of labor in health care. The boldest advocated at most a dual-headed family (Reverby 1987, 71-75). They acceded to the racial implications of the family metaphor as well. If nurses were mothers in a family headed by white men, they had to be white. And, indeed, trained nursing was an almost exclusively white preserve. As Susan Reverby notes, "In 1910 and 1920, for example, less than 3% of the trained nurses in the United States were black, whereas black women made up 17.6% and 24.0% respectively of the female working population" (Reverby 1987, 71-75). The scarcity of Black women is hardly surprising. Nursing schools in the South excluded Blacks altogether, while northern schools maintained strict quotas. Typical was the policy of the New England Hospital for Women and Children, which by charter could only admit "one Negro and one Jewish student" a year (Hine 1989, 6). Black women who managed to become trained nurses did so through separate Black training schools and were usually restricted to serving Black patients, whether in "integrated" hospitals in the North or segregated Black hospitals in the South.³⁷ White nursing leaders and administrators justified exclusion by appeals to racist ideology. Anne Bess Feedback, the superintendent of nurses for Henry Grady Hospital in Atlanta, declared that Negro women under her supervision had no morals: "They are such liars They shift responsibility whenever they can They quarrel constantly among themselves and will cut up each other's clothes for spite Unless they are constantly watched, they will steal anything in sight" (Hine 1985, 101).

Perhaps the most consistent refrain was that Black women were deficient in the qualities needed to be good nurses: they lacked executive skills, intelligence, strength of character, and the ability to withstand pressure. Thus Margaret Butler, chief nurse in the Chicago City Health Department, contended that Black nurses' techniques were "inferior to that of the white nurses, they are not punctual, and are incapable of analyzing a social situation." Apparently Black nurses did not accept white notions of racial inferiority, for Butler also complains about their tendency "to organize against authority" and "to engage in political intrigue" (Hine 1989, 99). Another white nursing educator, Margaret Bruesche, suggested that although Black women lacked the ability to become trained nurses, they "could fill a great need in the South as a trained attendant, who would work for

³⁷ For accounts of Black women in nursing, see also Hine (1985) and Carnegie (1986). Hine (1989, chap. 7) makes it clear that Black nurses served Black patients not just because they were restricted but because they wanted to meet Black health care needs. Blacks were excluded from membership in two of the main national organizations for nurses, the National League of Nursing Education and the American Nurses' Association. And although they formed their own organizations such as the National Association of Colored Graduate Nurses and enjoyed the respect of the Black community, Black nurses remained subordinated within the white-dominated nursing profession.

hood could be denied." A Black child nurse reported in 1912 that she worked fourteen to sixteen hours a day caring for her mistress's four children. Describing her existence as a "treadmill life," she reported that she was allowed to go home "only once in every two weeks, every other Sunday afternoon—even then I'm not permitted to stay all night. I see my own children only when they happen to see me on the streets when I am out with the children [of her mistress], or when my children come to the yard to see me, which isn't often, because my white folks don't like to see their servants' children hanging around their premises."²⁴

While this case may be extreme, Tucker reports, on the basis of extensive interviews with southern African American domestics, that even among live-out workers in the 1960s,

White women were also not noted for asking about childcare arrangements. All whites, said one black woman, "assume you have a mother, or an older daughter to keep your child, so it's all right to leave your kids." Stories of white employers not believing the children of domestics were sick, but hearing this as an excuse not to work, were also common. Stories, too, of white women who did not inquire of a domestic's family—even when that domestic went on extended trips with the family—were not uncommon. And work on Christmas morning and other holidays for black mothers was not considered by white employers as unfair. Indeed, work on these days was seen as particularly important to the job. [Tucker 1988, 99]

The irony is, of course, that domestics saw their responsibilities as mothers as the central core of their identity. The Japanese American women I interviewed, the Chicana day workers Romero interviewed, and the African American domestics Bonnie Thornton Dill interviewed all emphasized the primacy of their role as mothers (Dill 1980; Glenn 1986; Romero 1988b). As a Japanese immigrant single parent expressed it, "My children come first. I'm working to upgrade my children." Another domestic, Mrs. Hiraoka, confided she hated household work but would keep working until her daughter graduated from optometry school.²⁵ Romero's day workers arranged their work hours to fit around their children's school hours so that they could be there when needed. For domestics, then, working had meaning precisely because it enabled them to provide for their children.

Perhaps the most universal theme in domestic workers' statements is that they are working so their own daughters will not have to go into domestic service and confront the same dilemmas of leaving their babies to work. A Japanese American domestic noted, "I tell my daughters all the time, 'As long as you get a steady

²⁴ "More Slavery at the South: A Negro Nurse," from the (1912), in Katzman and Tuttle (1982, 176-85, 179).

²⁵ From an interview conducted by the author in the San Francisco Bay area in 1977.

job, stay in school. I want you to get a good job, not like me.' That's what I always tell my daughters: make sure you're not stuck."²⁶

In a similar vein, Pearl Runner told Dill, "My main goal was I didn't want them to follow in my footsteps as far as working" (Dill 1980, 109). Domestic workers wanted to protect their daughters from both the hardships and the dangers that working in white homes posed. A Black domestic told Drake and Cayton of her hopes for her daughters: "I hope they may be able to escape a life as a domestic worker, for I know too well the things that make a girl desperate on these jobs" (Drake and Cayton 1962, 246).

When they succeed in helping their children do better than they themselves did, domestics may consider that the hardships were worthwhile. Looking back, Mrs. Runner is able to say, "I really feel that with all the struggling that I went through, I feel happy and proud that I was able to keep helping my children, that they listened and that they all went to high school. So when I look back, I really feel proud, even though at times the work was very hard and I came home very tired. But now, I feel proud about it. They all got their education" (Dill 1980, 113). Domestics thus have to grapple with yet another contradiction. They must confront, acknowledge, and convey the undesirable nature of the work they do to their children, as an object lesson and an admonition, and at the same time maintain their children's respect and their own sense of personal worth and dignity (Dill 1980, 110). When they successfully manage that contradiction, they refute their white employers' belief that "you are your work" (Gwaltney 1980, 174).

The racial division of public reproductive labor

As noted earlier, the increasing commodification of social reproduction since World War II has led to a dramatic growth in employment by women in such areas as food preparation and service, health care services, child care, and recreational services. The division of labor in public settings mirrors the division of labor in the household. Racial-ethnic women are employed to do the heavy, dirty, "back-room" chores of cooking and serving food in restaurants and cafeterias, cleaning rooms in hotels and office buildings, and caring for the elderly and ill in hospitals and nursing homes, including cleaning rooms, making beds, changing bed pans, and preparing food. In these same settings white women are disproportionately employed as lower-level professionals (e.g., nurses and social workers), technicians, and administrative support workers to carry out the more skilled and supervisory tasks.

The U.S. Census category of "service occupations except private household and protective services" roughly approximates what I mean by "institutional service

²⁶ Ibid.

Nationally, Latinas were underrepresented in health care services but were found in nurse's aide positions in proportion to their numbers-making up 5.2 percent of the total. The lower two grades of nursing labor thus appear to be Black specialties. However, in some localities other women of color are concentrated in these jobs. In San Antonio, 48 percent of aides were Spanish-origin, while only 15.1 percent of the RNs were. Similarly, in El Paso, 61.5 percent of aides were Spanish-origin, compared with 22.8 percent of RNs. In Honolulu, Asian and Pacific Islanders who were 68.6 percent of the female labor force made up 72.3 percent of the NAs but only 45.7 percent of the RNs.³⁶

Familial symbolism and the race and gender construction of nursing.

How did the present ranking system and sorting by race/ethnic category in nursing come about? How did the activities of white nurses contribute to the structuring? And how did racial-ethnic women respond to constraints?

The stratification of nursing labor can be traced to the beginnings of organized nursing in the 1870s. However, until the 1930s grading was loose. A broad distinction was made between so-called trained nurses, who were graduates of hospital schools or collegiate programs, and untrained nurses, referred to—often interchangeably—as "practical nurses," "hospital helpers," "nursing assistants," "nursing aides," or simply as "aides" (Cannings and Lazonik 1975; Reverby 1987).

During this period health work in hospitals was divided between male physicians (patient diagnosis and curing) and female nursing staff (patient care) in a fashion analogous to the separate spheres prescribed for middle-class households. Nurses and physicians each had primary responsibility for and authority within their own spheres, but nurses were subject to the ultimate authority of physicians. The separation gave women power in a way that did not challenge male domination. Eva Gamarinikow likens the position of the British nursing matron to that of an upper-class woman in a Victorian household who supervised a large household staff but was subordinate to her husband (Gamarinikow 1978). Taking the analogy a step further, Ann Game and Rosemary Pringle describe the pre-World War II hospital as operating under a system of controls based on familial symbolism. Physicians were the authoritative father figures, while trained nurses were the mothers overseeing the care of patients, who were viewed as dependent children. Student nurses and practical nurses were, in this scheme, in the position of servants, expected to follow orders and subject to strict discipline (Game and Pringle 1983, 99-100).

³⁶ For the national level, see U.S. Bureau of the Census (1984), chap. D, "Detailed Population Characteristics," pt. 1: "United States Summary," table 278. For statistics on RNs and aides in San Antonio, El Paso, and Honolulu, see U.S. Bureau of the Census (1984), chap. D, "Detailed Population Characteristics," pt. 13: "Hawaii"; and pt. 45: "Texas," table 279.

to control the work process. Ranking is based ostensibly on expertise, education, and formal credentials.

The elaboration is especially marked in technologically oriented organizations that employ large numbers of professionals, as is the case with health care institutions. Visual observation of any hospital reveals the hierarchical race and gender division of labor: at the top are the physicians, setting policy and initiating work for others; they are disproportionately white and male. Directly below, performing medical tasks and patient care as delegated by physicians and enforcing hospital rules, are the registered nurses (RNs), who are overwhelmingly female and disproportionately white. Under the registered nurses and often supervised by them are the licensed practical nurses (LPNs), also female but disproportionately women of color. At about the same level are the technologists and technicians who carry out various tests and procedures and the “administrative service” staff in the offices; these categories tend to be female and white. Finally, at the bottom of the pyramid are the nurse’s aides, predominantly women of color; housekeepers and kitchen workers, overwhelmingly women of color; and orderlies and cleaners, primarily men of color. They constitute the “hands” that perform routine work directed by others.

The racial division of labor in nursing

A study of stratification in the nursing labor force illustrates the race and gender construction of public reproductive labor. At the top in terms of status, authority, and pay are the RNs, graduates of two-, three-, or four-year hospital or college-based programs. Unlike the lower ranks, registered nursing offers a career ladder. Starting as a staff nurse, a hospital RN can rise to head nurse, nursing supervisor, and finally, director of nursing. In 1980 whites were 86.7 percent of RNs even though they were only 76.7 percent of the population. The LPNs, who make up the second grade of nursing, generally have had twelve months’ training in a technical institute or community college. The LPNs are supervised by RNs and may oversee the work of aides. Racial-ethnic workers constituted 23.4 percent of LPNs, with Blacks, who were 11.7 percent of the population, making up fully 17.9 percent. Below the LPNs in the hierarchy are the nurse’s aides (NAs), who typically have on-the-job training of four to six weeks. Orderlies, attendants, home health aides, and patient care assistants also fall into this category. These workers perform housekeeping and routine caregiving tasks “delegated by an RN and performed under the direction of an RN or LPN.” Among nurse’s aides, 34.6 percent were minorities, with Blacks making up 27.0 percent of all aides.³⁵

35 American Nurses’ Association 1965, 6. Reflecting differences in status and authority, RNs earn 20-40 percent more than LPNs and 60-150 percent more than NAs (U.S. Department of Labor 1987a, 1987b).

work.” It includes food preparation and service, health care service, cleaning and building services, and personal services.²⁷ In the United States as a whole, Black and Spanish-origin women are overrepresented in this set of occupations; in 1980 they made up 13.7 percent of all workers in the field, nearly double their proportion (7.0 percent) in the work force. White women (some of whom were of Spanish origin) were also overrepresented, but not to the same extent, making up 50.1 percent of all “service” workers, compared with their 36 percent share in the overall work force. (Black and Spanish-origin men made up 9.6 percent, and white men, who were 50 percent of the work force, made up the remaining 27.5 percent.)²⁸

Because white women constitute the majority, institutional service work may not at first glance appear to be racialized. However, if we look more closely at the composition of specific jobs within the larger category, we find clear patterns of racial specialization. White women are preferred in positions requiring physical and social contact with the public, that is, waiters/waitresses, transportation attendants, hairdressers/cosmetologists, and dental assistants, while racial-ethnic women are preferred in dirty back-room jobs as maids, janitors/cleaners, kitchen workers, and nurse’s aides.²⁹

As in the case of domestic service, who does what varies regionally, following racial-ethnic caste lines in local economies. Racialization is clearest in local economies where a subordinate race/ethnic group is sizable enough to fill a substantial portion of jobs. In southern cities, Black women are twice as likely to be employed in service occupations as white women. For example, in Adanta in 1980, 20.8 percent of African American women were so employed, compared with 10.4 percent of white women. While they were less than one-quarter (23.9 percent) of all women workers, they were nearly two-fifths (38.3 percent) of women service workers. In Memphis, 25.9 percent of African American women compared with 10.2 percent of white women were in services; though they made up only a third (34.5 percent) of the female work force, African American women were nearly three-fifths (57.2 percent) of women employed in this field. In southwestern cities Spanish-origin women specialize in service work. In San Antonio, 21.9 percent of Spanish-origin women were so employed, compared with 11.6 per-

27 The U.S. Labor Department and the U.S. Bureau of the Census divide service occupations into three major categories: “private household,” “protective service,” and “service occupations except private household and protective services.” In this discussion, “service work” refers only to the latter. I omit private household workers, who have been discussed previously, and protective service workers, who include firefighters and police: these jobs, in addition to being male dominated and relatively well paid, carry some degree of authority, including the right to use force.

28 Computed from U.S. Bureau of the Census (1984), chap. D, “Detailed Population Characteristics;” pt. 1: “United States Summary,” table 278: “Detailed Occupation of Employed Persons by Sex, Race and Spanish Origin, 1980.28.”

29 Ibid.

cent of non-Spanish-origin white women; in that city half (49.8 percent) of all women service workers were Spanish-origin, while Anglos, who made up two-thirds (64.0 percent) of the female work force, were a little over a third (36.4 percent) of those in the service category. In El Paso, 16.9 percent of Spanish-origin women were service workers compared with 10.8 percent of Anglo women, and they made up two-thirds (66.1 percent) of those in service. Finally, in Honolulu, Asian and Pacific Islanders constituted 68.6 percent of the female work force, but 74.8 percent of those were in service jobs. Overall, these jobs employed 21.6 percent of all Asian and Pacific Islander women, compared with 13.7 percent of white non-Spanish-origin women.³⁰

Particularly striking is the case of cleaning and building services. This category—which includes maids, housemen, janitors, and cleaners—is prototypically “dirty work.” In Memphis, one out of every twelve Black women (8.2 percent) was in cleaning and building services, and Blacks were 88.1 percent of the women in this occupation. In contrast, only one out of every 200 white women (0.5 percent) was so employed. In Atlanta, 6.6 percent of Black women were in this field—constituting 74.6 percent of the women in these jobs—compared with only 0.7 percent of white women. Similarly, in El Paso, 4.2 percent of Spanish-origin women (versus 0.6 percent of Anglo women) were in cleaning and building services—making up 90.0 percent of the women in this field. And in San Antonio the Spanish and Anglo percentages were 5.3 percent versus 1.1 percent, respectively, with Spanish-origin women 73.5 percent of women in these occupations. Finally, in Honolulu, 4.7 percent of Asian and Pacific Islander women were in these occupations, making up 86.6 percent of the total. Only 1.3 percent of white women were so employed.³¹

30 Figures computed from table 279 in each of the state chapters of the following: U.S. Bureau of the Census (1984), chap. D, “Detailed Population Characteristics”; pt. 6: “California”; pt. 12: “Georgia”; pt. 13: “Hawaii”; pt. 15: “Illinois”; pt. 44: “Tennessee”; and pt. 45: “Texas.” The figures for Anglos in the Southwest are estimates, based on the assumption that most “Spanish-origin” people are Mexican, and that Mexicans, when given a racial designation, are counted as whites. Specifically, the excess left after the “total” is subtracted from the “sum” of white, Black, American Indian/Eskimo/Aleut Asian and Pacific Islander, and “Spanish-origin” is subtracted from the white figure. The remainder is counted as “Anglo.” Because of the way “Spanish-origin” crosscuts race (Spanish-origin individuals can be counted as white, Black, or any other race), I did not attempt to compute figures for Latinos or Anglos in cities where Spanish-origin individuals are likely to be more distributed in some unknown proportion between Black and white. This would be the case, e.g., with the large Puerto Rican population in New York City. Thus I have not attempted to compute Latino versus Anglo data for New York and Chicago. Note also that the meaning of differs by locale and that the local terms and are not synonymous with The “white” category in Hawaii includes Portuguese, who, because of their history as plantation labor, are distinguished from haoles in the local ethnic ranking system. The U.S. Census category system does not capture the local construction of race/ethnicity.

31 Computed from tables specified in *ibid.*

From personal to structural hierarchy

Does a shift from domestic service to low-level service occupations represent progress for racial-ethnic women? At first glance it appears not to bring much improvement. After domestic service, these are the lowest paid of all occupational groupings. In 1986 service workers were nearly two-thirds (62 percent) of workers in the United States earning at or below minimum wage.³² As in domestic service, the jobs are often part-time and seasonal, offer few or no medical and other benefits, have low rates of unionization, and subject workers to arbitrary supervision. The service worker also often performs in a public setting the same sorts of tasks that servants did in a private setting. Furthermore, established patterns of race/gender domination-subordination are often incorporated into the authority structure of organizations. Traditional gender-race etiquette shapes face-to-face interaction in the workplace. Duke University Hospital in North Carolina from its founding in 1929 adopted paternalistic policies toward its Black employees. Black workers were highly conscious of this, as evidenced by their references to “the plantation system” at Duke (Sacks 1988, 46).³³

Still, service workers, especially those who have worked as domestics, are convinced that “public jobs” are preferable to domestic service. They appreciate not being personally subordinate to an individual employer and not having to do “their” dirty work on “their” property. Relations with supervisors and clients are hierarchical, but they are embedded in an impersonal structure governed by more explicit contractual obligations and limits. Also important is the presence of a work group for sociability and support. Workplace culture offers an alternative system of values from that imposed by managers (Benson 1986).³⁴ Experienced workers socialize newcomers, teaching them how to respond to pressures to speed up work, to negotiate work loads, and to demand respect from superiors. While the isolated domestic finds it difficult to resist demeaning treatment, the peer group in public settings provides backing for individuals to stand up to the boss.

That subordination is usually not as direct and personal in public settings as in the private household does not mean, however, that race and gender hierarchy is diminished in importance. Rather, it changes form, becoming institutionalized within organizational structures. Hierarchy is elaborated through a detailed division of labor that separates conception from execution and allows those at the top

32 The federal minimum wage was 3.35 in 1986. Over a quarter (26.0 percent) of all workers in these service occupations worked at or below this wage. See Mellor (1987, esp. 37).

33 Paternalism is not limited to southern hospitals; similar policies were in place at Montefiore Hospital in New York City. See Fink and Greenberg (1979).

34 See also many examples of workplace cultures supporting resistance in Sacks and Remy (1984) and Lamphere (1987).